## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01, 03</b>		(X3) DATE SURVEY COMPLETED	
	155019		B. WING	B. WING		C <b>02/18/2015</b>	
NAME OF PROVIDER OR SUPPLIER  GARDEN VILLA - BLOOMINGTON			,	110	REET ADDRESS, CITY, STATE, ZIP CODE 00 S CURRY PK LOOMINGTON, IN 47403	,	10/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		K	000			
		omplaint Number ducted by the Indiana State in accordance with 42 CFR					
	Complaint Number IN Substantiated, No de allegation are cited.	l00165306 ficiencies related to the					
	Date of Survey: 02/1	8/15					
	Facility Number: 000 Provider Number: 15 AIM Number: 10027	5019					
	Surveyor: Dennis Au Specialist	still, Life Safety Code					
	Census: 174						
	Life Safety from Fire a National Fire Protecti Life Safety Code (LSG	nd in compliance with					
	Type V (111) construct sprinklered. The facil with smoke detection areas open to the corbattery operated smoresident sleeping room	was determined to be of ction and was fully lity has a fire alarm system in the corridors and in all ridor. The facility has ke detectors installed in ms 101 through 126, 201 through 339. The facility					
ABORATORY	 DIRECTOR'S OR PROVIDER!	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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			D WING			С	
155019			B. WING			02/18/2015	
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
GARDEN VILLA - BLOOMINGTON				1100 S CURRY PK BLOOMINGTON, IN 47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROFINE DEFICIENCY)			(X5) COMPLETION DATE
K 000	O Continued From page 1		K	000			
	system in resident sle	hard wired to the fire alarm eeping rooms on Unit 4, 5, is a capacity of 224 and had e time of this survey.					
K 000	Quality Review by Le Specialist-Medical Su INITIAL COMMENTS		K	000			
		omplaint Number ducted by the Indiana State in accordance with 42 CFR					
	Complaint Number IN Substantiated, No detailegation are cited.	l00165306 ficiencies related to the					
	Date of Survey: 02/1	8/15					
	Facility Number: 000 Provider Number: 15 AIM Number: 100275	5019					
	Surveyor: Dennis Au Specialist	still, Life Safety Code					
	Census: 174						
	Life Safety from Fire a National Fire Protection	nd in compliance with ticipation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C), Chapter 18, New Health					

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		155019	B. WING			C <b>02/18/2015</b>		
NAME OF PE	ROVIDER OR SUPPLIER	1000.0			STREET ADDRESS, CITY, STATE, ZIP CODE	02/	10/2015	
					100 S CURRY PK			
GARDEN V	VILLA - BLOOMINGTON			E	BLOOMINGTON, IN 47403			
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES				PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	′		PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE	
IAG					DEFICIENCY)			
K 000	Continued From page 2		K	000				
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	Type V (111) construc							
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	a census of 174 at the	e time of this survey.						
	Quality Pavious by La	x Brashear, Life Safety Code						
	Specialist-Medical Su							
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